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Foreign Limited Liability Company DVI CARDEL WEST PALM BEACH HOTEL GP LLC

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APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 605 0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN. LIMITED HABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA DVI CARDEL WEST PALM BEACH HOTEL GP LLC (Name of Foreign Limited Liability Company; must include "Limited Liability Company," E.L.C.," or "LLC.") (If name unavailable, enter atternate name adopted for the purpose of manuscring business in Fiorida. The alternate name must include "Limited Liability Company," "LL C," or "UCC") 47-1987872 Delaware (r.E. number, if applicable) (Junisdiction under the law of which foeeign limited liability company is organized) Date of filing this application with FL Dept. of State. (Date first transacted business in Florida, if prior to regularistion.) (See sections 605,0904 & 605,0983, F.S. to determine penalty liability) 11770 N US Highway I 11770 N US Highway I 5. (Street Address of Principal Office) (Mailing Address) Suite 202 Suite 202 North Palm Beach, FL 33408 North Palm Beach, FL 33048 7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Corporation Service Company Name: 1201 Havs Street Office Address: Tallahassee . Florida Registered agent's acceptance: Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this application, I hereby accept the appointment as registered agent and agrec to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent. Harry B Davis

(Registered agent's eignatuse)

Harry B Davis, Assist VP

8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage fup to six (6) total]:

Title or Canacity:	Name and Address:	Title or Capacity:	Name and Address
⊞ Mariager	Name:	■Manager	Name: Carlos J. Rodriguez
□ Member	Address: 11770 N US Highway 1	□Member	Address: 255 Alhambra Circie
□ Authorized	Suite 202	□Authorized	Suite 760
Person	North Palm Beach, FL 33408	Person	Coral Gables, PL 33134
□Other	□Other	□Othe:	□Other
■Manager	Nume: Carlos J. Rodriguez, Jr.	□Manager	Name:
□Member	Address: 255 Alhambra Circle	□Member	Address:
□ Authorized	Suite 760	□ Authorized	
Person	Coral Gables, FL 33134.	Person	
ÜCther		Other	Other
⊒Manager	Name:	□Manager	Name:
□Member	Address:	∏Member	Address:
□Authorized		□Authorized.	
Person		Person	
Othet		□Other	Other

10. This document is executed in accordance with section 505,0203 (1) (b), Florida Statutes, I am aware that any false information

YOURIANEZ Typed or printed name of signee

submitted in a document to the Department of State constitutes a third decree follows as provided for in 5.817.155, F.S.

Delaware The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "DVI CARDEL WEST PALM BEACH HOTEL GP

LLC" IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS

IN GOOD STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF

THIS OFFICE SHOW, AS OF THE FOURTEENTH DAY OF SEPTEMBER, A.D. 2023.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "DVI CARDEL WEST PALM BEACH HOTEL GP LLC" WAS FORMED ON THE FOURTEENTH DAY OF SEPTEMBER, A.D. 2023.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN ASSESSED TO DATE.

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